CLAIMS AS FILED - PART I (Column 1) (Column 2)						ENTRY	OF	OTHE	R THAI ENTIT
TOTAL CLAIMS					RAT	E FE		RATE	FE
FOR	NUMBER FILED		NUMBER EXTRA		BASIC	FEE 370.0	20 OF	BASIC FE	740.0
TOTAL CHARGEABLE CLAIMS	2 / minus 20=		• —		XSE	0	OF	X\$18=	
INDEPENDENT CLAIMS	3 minus 3 =				X42	<u>.</u>	- `	Vac	-
MULTIPLE DEPENDENT CLAIM P	RESENT					+	- OF		-
"If the difference in column 1 is	less than z	ess than zero, enter V in			+140		JOR		<u> </u>
CLAIMS AS A	• • •				TOTA	L			
(Column 1)		(Colum	nn 2)	(Column 3)	. SMAI	TENTIL	OR	SHALL	
CLAMS REMANING AFTER AMENDMENT Total		PREVIO	BER	PRESENT EXTRA	RATE	ADDI TICNA FEE	ı.	RATE	TION
Total 1 3/	Minus .	* 0	21.	= 70	X\$9			X\$18=	180
Independent • 5	Minus .		3	- g	X42=		OR	X84=	172
FIRST PRESENTATION OF ME	ALTIPLE DEI	PENDENT	CLABA		+140=	1	7	+280=	
11.	• • • •				TOTAL	 	OR		35
2 18 05 (Column 1)	g: 1	(Colum	n 2)	(Column 3)	ADDIT. FE	E	َ س	ADOIT. FEE	<u> </u>
CLAMS REMANNES AFTER AMENDMENT Total Total Total		HIGHE NUMB -PREVIOU PAID F	ST ER USLY	PRESENT EXTRA	PATE	ADDI- TIONAL FEE		RATE	ADDITION
Total 36	Minus	· 3	1	· 4.	X\$ 9=	1	OR	50.00 X\$18>	FEE 1.00, 0
Independent • 5	Minus	***	5	œ.	X42=	+	1	X84=	110. V
FIRST PRESENTATION OF MU	LTIPLE DEP	ENDENT (MAJ			+	OR		<u> </u>
e e e e e e e e e e e e e e e e e e e	•				+140=	<u>.</u>	OR	+280=	· Viana
DJ J/ 15 (Column 1)	:		25.		ADDIT. FE		JOR ,	ODLI LEE	Tea.
CLAMS -		(Colums		(Cotumn 3)		:			
REMARKING CANTER AND THE AMERICAN CANTER AND THE AMERICAN CANTER AND THE AMERICAN CANTER CANT		PREVIOU PAID FO	R	PRESENT. EXTRA	RATE	ADDI- TIONAL FEE		RATE	TIONA
	Aireus:	: 3º	2	-/-	X\$ 9=		OR	X\$18=	' • • • • . •
Independent . SI	Alnus TIPI E DEPI	ete D	T Alla		X42=		OR	X84=	٠.
The state of the s		LIVERI C	-VM		+140=		OR	+280=	•
If the entry is column 1 is less than the empy in column 2, write "O' in column 3. If the "Nighest Number Proviously Pald For" IN 1905 SPACE is less than 20, enter 20.					TOTAL		/	TOTAL	
"If the Tighest Number Proviously Paid The Tighest Number Proviously Paid	For IN THIR	RPACE IN U	nex Chan	S porter "3 "	ADDIT. FEE	<u> </u>		DOM. FEEL	

Application or Docket Number